



MUSIC CAMP

REGISTRATION FORM

Name of the student: _____

Date of Birth:

Parent/Guardian name: _____

Phone number (cell)

Phone number (home)

Street address:

Email address: _____

The Student will be attending (check box):

Mon Tue Wed Thur Fri

Declaration:

I _____ agree to comply with rules and regulations of Cayman Music School
I consent that any photographs or video taken at the camp may be used for promotional purposes
I will not hold the CMS's staff or volunteers responsible for accidents which may occur

Signature: _____

Date:

Contact: 9383848

info@caymanmusicschool.com

www.caymanmusicschool.com